

**MICHIGAN DEPARTMENT OF AGRICULTURE  
PRODUCER SECURITY SERVICES SECTION  
PO BOX 30776  
LANSING MI 48909**

**GRAIN DEALER FACILITY LICENSE APPLICATION**  
(In accordance with Act No. 141, Public Acts of 1939, as amended)

**FOR DEPARTMENT USE ONLY**

License #: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

<div style="border: 1px solid black; height: 100px; width: 100%;"></div>				<b>1 NAME UNDER WHICH BUSINESS WILL OPERATE</b>			
				<b>2 STORAGE FACILITY (STREET ADDRESS)</b>			
				<b>3 CITY</b>		<b>STATE</b>	
<b>4 COUNTY</b>			<b>5 BUSINESS TELEPHONE NUMBER</b>				
<b>6 MAILING ADDRESS (If different from facility address)</b>							
<small>STREET ADDRESS</small>			<small>CITY</small>		<small>STATE</small>	<small>ZIP CODE</small>	
<b>7 TYPE OF OWNERSHIP (Complete One)</b>							
<b>INDIVIDUAL PROPRIETORSHIP</b>			<b>COOPERATIVE ORGANIZATION or ASSOCIATION</b>				
<small>OWNER'S NAME</small>			<small>BOARD OF DIRECTORS PRESIDENT'S NAME</small>				
<small>OWNER'S HOME ADDRESS</small>			<small>PRESIDENT'S ADDRESS</small>				
<small>CITY</small>		<small>STATE</small>	<small>CITY</small>		<small>STATE</small>	<small>ZIP CODE</small>	
<b>PARTNERSHIP</b>			<b>CORPORATION</b>				
<small>NAME OF PARTNER</small>			<small>NAME OF CORPORATION</small>				
<small>HOME ADDRESS</small>			<small>MICHIGAN RESIDENT AGENT'S NAME</small>		<small>PRESIDENT'S NAME</small>		
<small>CITY</small>		<small>STATE</small>	<small>ZIP CODE</small>				
<small>NAME OF PARTNER</small>			<small>REGISTERED OFFICE ADDRESS</small>		<small>PRESIDENT'S ADDRESS</small>		
<small>HOME ADDRESS</small>			<small>CITY STATE ZIP CODE</small>		<small>CITY STATE ZIP CODE</small>		
<small>CITY</small>		<small>STATE</small>	<small>ZIP CODE</small>				
<b>OUT OF STATE ENTITIES:</b>							
<small>MICHIGAN RESIDENT AGENT'S NAME</small>			<small>STREET ADDRESS:</small>		<small>CITY STATE ZIP CODE</small>		
<b>8 TEMPORARY FACILITY: (If applicable, complete this section if NOT previously reported)</b>							
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 5px; width: 30%;"> TEMPORARY FACILITY BUSHEL CAPACITY </div> <div style="width: 65%;"> <b>ADDRESS:</b> _____ </div> </div>							
<b>9 BUSHEL CAPACITY</b>			<b>10 LICENSE FEE</b>				
<small>PERMANENT FACILITY BUSHEL CAPACITY</small>			<small>BEFORE COMPLETING THIS SECTION, SEE LICENSE FEE SCHEDULE</small>				
<b>TOTAL BUSHEL CAPACITY</b>			<b>REMITTANCE ENCLOSED: \$</b> _____				
<small>(Add capacities of temporary and permanent facilities)</small>			<b>MAKE CHECK PAYABLE TO STATE OF MICHIGAN</b>				

**11 GRAIN TRANSACTIONS: (Check Those Applicable) (Submit One Sample of Each Form)**

Issuing Price Later Agreements	Open Storage
Issuing Negotiable or Non-Negotiable Warehouse Receipts	Cash
Issuing Grain Bank Warehouse Receipts	Selling Grain of My Own Production
Forward or Basis Contracting	Other (specify) _____

**12 BUSHELS OF FARM PRODUCE HANDLED:**

TOTAL BUSHELS OF FARM PRODUCE HANDLED FROM PRODUCER(S) DURING THE GRAIN DEALER'S MOST RECENT COMPLETED FISCAL YEAR:

**13 BOND INFORMATION: BEFORE COMPLETING THIS SECTION, SEE BONDING PROVISIONS ON ENCLOSURE**

CAPACITY USED FOR STORAGE OF WAREHOUSE - RECEIPTED GRAIN & OPEN STORAGE:			BOND NUMBER			AMOUNT OF BOND		
BONDING COMPANY NAME				NAME OF BONDING COMPANY AGENT				
STREET ADDRESS				STREET ADDRESS				
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE	

**14 INSURANCE INFORMATION:**

INSURANCE COMPANY NAME				INSURANCE COMPANY AGENT NAME			
STREET ADDRESS				STREET ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
INSURANCE POLICY NUMBER		TYPE OF POLICY		LIMITS OF INSURANCE ON FARM PRODUCE			
		AUTOMATIC STOCKS OTHER _____		LIMITS OF INSURANCE ON FARM PRODUCE STOCKS \$ _____ FIRE, INHERENT EXPLOSION AND TORNADO			

**15 OWNERSHIP:**

NAME AND OWNERSHIP INTEREST OF EACH OWNER, STOCKHOLDER, MEMBER, OR PARTNER OF THE GRAIN DEALER WHO OWNS AT LEAST 5 PERCENT OF THE SHARES (attach additional sheet, if necessary).

1. _____ %	4. _____ %
2. _____ %	5. _____ %
3. _____ %	6. _____ %

**16 OFFICIAL IN CHARGE:**

I HEREBY AGREE TO COMPLY WITH THE PROVISIONS OF ACT NO. 141 OF THE PUBLIC ACTS OF 1939, AS AMENDED, AND THE RULES ISSUED IN ACCORDANCE THEREWITH, AND FURTHER THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. I ACKNOWLEDGE THAT NONE OF THE EVENTS REFERRED TO IN SECTION 10 OF THE GRAIN DEALERS ACT HAVE OCCURRED WITHIN THE PAST 5 YEARS.

\_\_\_\_\_  
Signature of Official in Charge\_\_\_\_\_  
Title**17 NOTARY:**

Before me this date the above signed individual personally appeared, who states that he/she understands the provisions of Act No. 141 P.A. 1939 as amended, State of Michigan.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signature

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_